Under the Reperwork Red	uction Act of 1995, no persons are required to re	U.S. Patent and Trac espond to a collection of inforn	demark (nation ur	PTO/SB/01 (1 Approved for use through 10/31/ Office; U.S. DEPARTMENT OF COMMI nless it contains a valid OMB control nu	
TO A DAT		Attorney Docket Nur	mber	780396.92727	
CEMPORTOR	TION FOR UTILITY OR DESIGN	First Named Invento	r	Ernest Ndzebet	
Ji	NT APPLICATION	COMPL	ETE IF	KNOWN	
(3	87 CFR 1.63)	Application Number	10/6	648,134	
Declaration	Declaration	Filing Date	08/26/2003		
Submitted with Initial	OR Submitted after Initial Filing (surcharge	Group Art Unit			
Filing	(37 CFR 1.16 (e)) required)	Examiner Name	<u></u>		
As a below named i	nventor, I hereby declare that:				
I believe I am the origentitled:	g address, and citizenship are as stated be ginal and first inventor of the subject matte ALKALINE CELL WITH PERFORI	er which is claimed and for			
I believe I am the origentitled:	ginal and first inventor of the subject matte	er which is claimed and for			
I believe I am the origentitled:	ginal and first inventor of the subject matter ALKALINE CELL WITH PERFORI	er which is claimed and for			
I believe I am the origentitled:	ALKALINE CELL WITH PERFORI	er which is claimed and for			
the specification of w	ALKALINE CELL WITH PERFORI	er which is claimed and for	G ADD		
the specification of which is attached here	(Title of the Inhich	er which is claimed and for	G ADD	DITIVES	

application on which priority is claimed.

Prior Foreign Application Number(s) **Priority** Foreign Filing Date **Certified Copy Attached?** Country (MM/DD/YYYY) **Not Claimed**

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (10-01)
Approved for use through 10/31/2002.
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

i Directali correspondence to: i i	Customer Number or Bar Code Label	26735		OR 🗆	Correspondence	address below
Name Bennett J Berson						
Address Quarles & Brady LLP						
P O Box 2113 Address			·			
City Madison			State V	VI	53701-21 ZIP	13
US Country	Teleph		1-5000		608/251 Fax	-9166
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INV	ENTOR:		A petitio	n has beer	filed for this uns	signed inventor
Given Name Ernest (first and middle [if any]) Family Name Ndzebet or Surname						
Inventor's Signature Date 9/19/03						
Residence: City Madison	1	State WI	C	ountry US	Citizenship	Canada
Mailing Address 13 Marble Circle						
Mailing Address						
City Madison	WI State		ZIP 537	719	Country US	
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor						
Given Name M. Edgar Family Name Armacanqui (first and middle [if any]) or Surname						
Inventor's MEd Armacougui Date 9-27-03						
Residence: City Madison		State WI		Country US		JS
Malling Address 4322 Critchell Terrace						
Mailing Address						
City Madison	WI State		ZIP 5371	11	Country	
Additional inventors are being named					PTO/SB/02A attache	ed hereto.

Please type a plus sign (+) inside this box	· [+
---	------

PTO/SB/02A (11-00)
Approved for use through 10/31/2002.
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995. no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

Name of Additional Joint Inventor, if any: — A petition has been filed for this unsigned inventor				his unsigned inventor			
Given Name (first and middle [if any])			Family Name or Surname				
Mario			Destephen				
Inventor's Mauri Tallyhus					Date 9-/9-0		
Residence: City Madison State WI			US Country		Honduras Citizenship		
905 Harbor House Dr., Apt. #4							
Mailing Address							
City Madiosn			ZIP 53719 Coun		ntry US		
Name of Additional Joint Inventor, if a	A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname				
Andrew J.	Roszkowski						
Inventor's ash JPhl.				JO-70-7003			
esidence: City DeForest State WI			Country US		Citizenship US		
Malling Address 112 Renata Court							
Mailing Address							
City DeForest	State WI		ZIP 53532 Co		ountry US		
Name of Additional Joint Inventor, if any:			A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname				
William C.			Bushong				
Inventor's Suskers Date							
Residence: City Madison State WI			Country US Citizenship				
Mailing Address 6306 Keelson Drive							
Malling Address							
City Madison	State WI		53705 ZIP	Co	US		

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box +

PTO/SB/02A (11-00)
Approved for use through 10/31/2002.
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

Name of Additional Joint Inventor, if a	A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname			
Viet H.			Vu			
Inventor's Signature Signature					Date 9/30/03	
R sidence: City	State WI Country US			US Citizenship		
Mailing Address 3926 Meridian Circle						
Mailing Address						
city Verona	State WI ZIP 53593 Cou		ountr	ntry US		
Name of Additional Joint Inventor, if a	A petition has been filed	A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])	Family Name or Surname				
Inventor's Signature			Date			
Residence: City	Residence: City State				Citizenship	
Mailing Address						
Mailing Address						
City	State	ZIP Co		Cou	untry	
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname			
t anny reduced equipment						
Inventor's Signature					Date	
Residence: City	State Country		Country		Citizenship	
Mailing Address						
Malling Address						
City	State		ZIP	Co	untry	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.